CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Ludwig Guenther et al			Docket No. DE92000038US1
Serial No.	Filing Date	Examiner	Group Art Unit
09/855,360	05/15/2001	Kenny Lin	2154
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Filing Date

Application Number

NO/ 0 8 21. Application Ludwig Guenther First Named Inventor 2154 Art Unit Address to: Commissioner for Patents Kenny Lin Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450. DE920000038US1 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: **Customer Number:** OR Firm or Jack Friedman Individual Name Address Schmeiser, Olsen, and Watts Address 3 Lear Jet Lane, Suite 201 Latham State Zip City 12110 US Country 518-220-1850 518-220-1857 Fax Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change* (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registration Number 43,001 Registered practitioner named in the application transmittal letter in an application without an executed eath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed John R. Pivnichny Name Signature Telephone Date 11/08/2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Subm forms if more than one signature is required, see below

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Sample Form (03-04)

AUTHORIZATION TO ACT IN A	REPRESENTATIVE CAPACITY
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In re Appli		****					
Application	g Guenther, et al			•			
09/855/360							
Filed: 05/15	/2001						
	CEPTION METHOD AND SYSTEM FOR CO		DISADVANT	PAGEOUS			
Attorney Docket No. Art Unit: 2			4				
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:							
	Name			Registration Number			
	Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110			44,688			
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.							
SIGNATURE of Practitioner of Record							
Name	John R. Pivnichny						
Signature	John Curudes		Date	11/08/2004			
Registration Number	43.001		Telephone	607-429-4358			

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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